SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

MASTER TRADING PARTNER PROFILE

Trading Partner Type:

☐ Jurisdiction ☐ Claims Administrator

☐ Carrier ☐ Employer

☐ Other (specify): _____

Master Trading Partner Information:

Legal Name: _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Sender FEIN: _____ **Postal Code:** _____

Physical Address: _____

_____

City: _____ **State:** _____ **Postal Code:** _____

Mailing Address: _____

_____

City: _____ **State:** _____ **Postal Code:** _____

CONTACT INFORMATION:	
Business Contact:	**Technical Contact:**
Name:	Name:
Title:	Title:
Phone:	Phone:
FAX:	FAX:
E-mail:	E-mail:

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

TRANSMISSION PROFILE -- SENDER'S RESPONSE

Return this page to:

Receiver Name: South Carolina Workers' Compensation Commission

Receiver Identifier: Receiver FEIN: 570973850 **Receiver Postal Code:** 292021715

PROFILE ID: N/A DESCRIPTION: Release 1 SCWCC Transmission Requirements

Sender Selections/Information:

Master Trading Partner Information:

Legal Name: _____

FEIN: _____ **Postal Code:** _____

Trading Partner Type:

☐ Jurisdiction ☐ Claims Administrator

☐ Carrier ☐ Employer

☐ Other (specify): _____

Transaction Information				Acknowledgment	
Transaction IAIABC/ANSI	Format (Flat/ANSI)	Release/ Version	Projected Number per Trans	Mode	Level
148/148		R1		EDI	ALL
AK1/824		R1		EDI	ALL

Transmission Frequency (select only one from Receiver's options)**:**

☐ Daily

☐ Weekly Select Day: SUN MON TUE WED THU FRI SAT

☐ Monthly Select Day: (1 – 31): ____ ___ Other: _____

Electronic Mailbox Information:

Network:		
	Test	**Production**
Mailbox Acct ID:		
User ID:		
Message Class		

1333 Main Street, Suite 500
P.O. Box 1715
Columbia, SC 29202-1715

Tel: (803) 737-5700
Fax: (803) 737-5768
www.wcc.sc.gov

MASTER TRADING PARTNER PROFILE

Trading Partner Type: Jurisdiction

Master Trading Partner Information:

Name:	South Carolina Workers' Compensation Commission
Master FEIN:	570973850
Physical Address:	1333 Main Street, Suite 500 Columbia, SC 29201
Mailing Address:	1333 Main Street, Suite 500 P.0. Box 1715 Columbia, SC 29202-1715

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